



## Neuroscience & Spine Center of the Carolinas, L.L.P.

### Financial Policy

Neuroscience & Spine Center of the Carolinas, LLP, believes that part of a good health care practice is to establish and communicate a financial policy to our patients. An informed and responsible patient should never have a credit problem with our practice.

1. **Payment** is expected at the time of your visit. We accept cash, check, Visa, Discover, or MasterCard.
2. **Payment** will include any unmet deductible, coinsurance, copay amount, or charges that are not covered by your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit.
3. We are participating providers for several insurance carriers. We will file all of these insurance claims. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full.
4. **Credit** - Occasionally an established patient incurs unusually high charges for services provided by our doctors. We will work with these patients to establish an appropriate payment plan and obtain a signed financial agreement.
5. **Late charges** of a flat 10% will be applied to patient balances of 90 days or older unless the balance is part of a financial agreement.
6. **Returned checks** will incur a \$25 service charge. You will be asked to bring cash or a money order to cover the amount of the check plus the service charge.
7. **Accounting principles** - Payments and credits are applied to the oldest charges first, except for insurance payments, which are applied to the corresponding charges.
8. **Disability forms, insurance forms, copies of medical records, etc.** require office staff time and time away from patient care for the doctors. We require prepayment for completing forms, copying medical records, and for extra transcription by the doctors. The charge is determined by the length and complexity of the form/letter.
9. Patients whose accounts have been turned over to a collection agency will be responsible for the account balance and all costs associated with collection, including reasonable attorney fees.

If you have any questions after reviewing our policy, please call our office to avoid any misunderstanding.

- A. I have read and understand the Neuroscience & Spine Center of the Carolinas' financial policy.
- B. I hereby authorize the release of medical information to my insurance carriers concerning any medical condition and treatment.
- C. I assign to Neuroscience & Spine Center of the Carolinas all payments from my insurance carrier for medical services rendered to myself and/or my dependents.
- D. I fully understand that I am financially responsible for any copays, deductibles, coinsurance, or services that are not covered as determined by my insurance carrier.

**Payment will be collected at the time services are rendered.**

Signature \_\_\_\_\_ Date \_\_\_\_\_